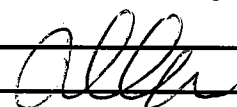
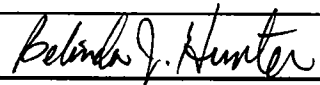


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/700,141	
	Filing Date	November 3, 2003	
	First Named Inventor	IVANOV, Vyshislav	
	Art Unit	3749	
	Examiner Name	WILSON, Gregory A	
Total Number of Pages in This Submission	16	Attorney Docket Number	3769-019 CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record; Multiple Dependent Claim Fee Calculation Sheet;
Remarks Customer No 22440 Confirmation No 3725		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	WEISZ, Tiberiu Reg No 29,876	
Signature		
Date	August 1, 2006	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Mail Stop AMENDMENT via www.uspto.gov			
Typed or printed name	HUNTER, Belinda J		
Signature		Date	August 1, 2006

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/700,141			
Substitute for Form PTO-875									
APPLICATION AS FILED – PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)			
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A				
SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A	N/A		N/A				
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A				
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*	X	=	X	=			
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X	=	X	=			
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			N/A		N/A				
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		TOTAL	770			
APPLICATION AS AMENDED – PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI-TIONAL FEE (\$)	RATE (\$)	ADDI-TIONAL FEE (\$)		
Total (37 CFR 1.16(i))	* 32	Minus	** 20	=	12	X	=	X	=
Independent (37 CFR 1.16(h))	* 6	Minus	*** 3	=	3	X	=	X	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				N/A		N/A			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	474		
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI-TIONAL FEE (\$)	RATE (\$)	ADDI-TIONAL FEE (\$)		
Total (37 CFR 1.16(i))	* 26	Minus	** 32	=	-6	X	=	X	=
Independent (37 CFR 1.16(h))	* 4	Minus	*** 6	=	-2	X	=	X	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				N/A		N/A			
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	(280)		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 1/700,141		Filing Date November 3, 2003			
							Applicant(s) IVANOV, Vychislav					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<i>As Filed</i>		<i>Pre. Amdt.</i>		<i>III Amdt</i>	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		C				51					
2		✓		CC			52			✓		✓
3		✓		CC			53			✓		✓
4	✓		CC				54			✓		✓
5	✓		CC				55			✓		✓
6		✓		C			56			✓		✓
7	✓		C				57			✓		✓
8		✓		CCC			58			✓		✓
9		✓		CCC			59			✓		✓
10		✓		CCC			60			✓		✓
11	✓		C				61				✓	
12		✓		CCCC			62					✓
13		✓		CCCC			63					✓
14		✓		CCCC			64					✓
15		✓		CCCC			65					✓
16		✓		CCCC			66					✓
17	✓		C				67					✓
18		✓		C			68					✓
19	✓		C				69					✓
20		✓		CC			70					✓
21		✓		CC			71					✓
22	✓		✓		W		72					✓
23		✓		C			73					✓
24	✓		CC				74					✓
25	✓		CC				75					✓
26		✓		CCCC			76					✓
27		✓		CCCC			77					✓
28		✓		CCCC			78					✓
29		✓		CCCC			79					✓
30		✓	A		✓		80					✓
31		✓		✓		✓	81					✓
32		✓	A		W	✓	82					✓
33		✓		✓	W	✓	83					✓
34		✓		✓	W	✓	84					✓
35		✓		✓	W	✓	85					✓
36		✓		✓	W	✓	86					✓
37		✓		✓	W	✓	87					✓
38		✓		✓	W	✓	88					✓
39		✓	A		W	✓	89					✓
40		✓		✓	W	✓	90					✓
41		✓		✓	W	✓	91					✓
42		✓		✓	W	✓	92					✓
43		✓		✓	W	✓	93					✓
44		✓	A		✓	✓	94					✓
45		✓		✓	✓	✓	95					✓
46		✓		✓	✓	✓	96					✓
47		✓	A		W	✓	97					✓
48		✓	✓		✓	✓	98					✓
49		✓		✓	✓	✓	99					✓
50		✓		✓	✓	✓	100					✓
Total Indep	10						Total Indep			6		4
Total Depend	37						Total Depend			26		22
Total Claims	47						Total Claims			32		26

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